

## MWR EMPLOYMENT APPLICATION

### PRIVACY ACT NOTICE

Authority: 5USC 301, E. O. 9397, and Departmental Regulations. Purpose(s): To collect information necessary to determine qualifications, suitability and availability of applicants for employment. Your completed application may be used to examine, rate and/or assess your qualifications, and restrictions based on citizenship, members of family already employed, residence requirements and to contact you concerning availability for an interview.

All or part of your completed employment application may be disclosed to:

- Your college or university placement office.
- Appropriate federal, state, or local law enforcement agencies charged with the responsibility of investigating a violation or potential violation of the law.

**Disclosure:** Voluntary, however, failure to disclose requested information may result in your not receiving full consideration for a position in which this information is needed.

Name		Position Applying for		Announcement Number	Date
Social Security Number	Street Address			City	State
		Zip Code	Home Phone	Business Phone	Salary Desired (Hrly)
Date Available To Start Work:		Interested in: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Flex <input type="checkbox"/> 1st Shift <input type="checkbox"/> 2nd Shift <input type="checkbox"/> 3rd Shift			
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Dep. <input type="checkbox"/> Yes <input type="checkbox"/> No	If: Place	<input type="checkbox"/> Naturalized Citizen	<input type="checkbox"/> Registered Alien No.	please indicate where and when: Date
Referral Source: <input type="checkbox"/> Walk In <input type="checkbox"/> Relative/Friend: Who? _____ <input type="checkbox"/> Newspaper: Which? _____ <input type="checkbox"/> Other: _____			Work Location: <input type="checkbox"/> Coronado (NAB/NASNI) <input type="checkbox"/> National City (NAVSTA) <input type="checkbox"/> Point Loma (ASW/SUBASE) <input type="checkbox"/> Other: _____		

(List most recent employment first)

### BUSINESS OR WORK HISTORY

(Work history supplement available upon request)

Name of Company	Kind of Business	Phone Number	
Street Address	City	State	Zip Code
Name and Title of Immediate Supervisor	Date Employed	Starting Salary	
Your Title and Description of Duties	Date Left	Salary at Leaving	
	Reason for Leaving		

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Street Address	City	State	Zip Code
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Your Title and Description of Duties	Date Left	Salary at Leaving	
	Reason for Leaving		

**EDUCATION**

TYPE OF SCHOOL	NAME OF SCHOOL, CITY AND STATE	MAJOR FIELD	YEAR GRADUATED	DEGREE	YEARS ATTENDED	CREDIT HOURS
HIGH SCHOOL						
COLLEGE						
GRADUATE SCHOOL						
OTHER						

List extracurricular activities you participated in:

**MILITARY**

BRANCH OF SERVICE	DATE DISCHARGED	RANK AT SEPARATION	TYPE OF DISCHARGE	MILITARY RESERVE STATUS

Describe briefly major duties and responsibilities.

**Special Skills:** (i.e., computer software, typing, etc.)

Have you ever worked for the Federal Government as an appropriated fund employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name and address of Agency/Command. Dates of employment: From: / / To: / / Have you ever received Separation Incentive Pay (SIP)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date received. / /	A government employee who has received a Voluntary Separation Incentive payment and who accepts employment with the Government of the United States within 5 years after the date of the separation on which the payment is based, shall be required to repay the entire amount to the agency that paid the incentive payment.
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Relative(s) employed with, and/or have business dealings here. (Name(s) and Position(s)).  No  Yes: Explain

Have you ever been convicted of any crime (other than minor traffic violations)?  No  Yes: Explain

Do you claim spousal preference?  Yes  No (You must attach spouse's PCS orders)

Have you ever worked in MWR/CBH?  Yes  No (If yes, give full details: Where? When? From - To: Job Title. Salary, etc.)

Have you ever worked for another NAF (i.e. NEX, AAFES, Marine Corps exchange, etc.)  Yes  No (If yes, provide full details)

**REQUIRED CERTIFICATE**

I certify, to the best of my knowledge and belief, my statements and information on this employment application are true, correct, complete, and made in good faith. I consent to the release of information about my ability and fitness for MWR employment by employers, schools, law enforcement agencies and other individuals and organizations to investigators, and other authorized employees of MWR. I agree to supply additional information as required, and to submit to any physical examinations that may be required.

I understand that a false statement made by me or false information submitted by me, may be grounds for not hiring me or for firing me after I have started work. I agree to observe all rules and regulations of MWR.

\_\_\_\_\_  
Applicant's Signature Date

APPLICATIONS ARE RETAINED FOR 90 DAYS

EQUAL OPPORTUNITY EMPLOYER

